

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Limestone
 Inc. Town of _____
 or _____
 City of Gaffney, S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
664

Registration District No. 1. D. C. Registered No. 1.0
 (For use of Local Registrar)
 (No. 111 Smith St.; _____ Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child _____

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(State of Month) (Day) (Year)</small>
			<u>Yes</u>	<u>Jan 23, 22</u>

FATHER.		MOTHER.	
(8) FULL NAME	<u>Miles Jamin Coup.</u>	(14) NAME BEFORE MARRIAGE	<u>Nettie Inez Austel.</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Gaffney S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Gaffney S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>31</u> (Years)
(12) BIRTHPLACE	<u>Spoutenburg Co. S.C.</u>	(18) BIRTHPLACE	<u>Spoutenburg Co. S.C.</u>
(13) OCCUPATION	<u>Carpenter & Mechanic</u>	(19) OCCUPATION	<u>House Wif.</u>
(20) Number of children born to mother, including present birth	<u>7</u>	(21) Number of children of this mother now living, including present birth	<u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. M. D. Gaffney, S.C.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given same added from a supplemental report _____
 _____ 19 _____
 Registrar
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2/1/0 19 22 (28) N. F. Smith Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

 Registrar

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MARGIN RESERVED FOR BIRTHS. MARRIAGES, DIVORCES, DEATHS, AND OTHER RECORDS.
 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 USE ONLY ONE OF TWINS OR TRIPLETS AND ONE BIRTH DATE (BLANK FOR EACH CHILD).
 FIRST-BORN NO. 1, OTHER BORN NO. 2, ETC. IN QUESTION 2.

MACON or Columbus, Columbia, S. C.

or Only

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(Ward)

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C.

P. M.,

P. M.)

awife
